32 12									T						
I	- PAYENT APPLICATION FEE DETERMINATION RECOR								Application or Docket Number						
ŀ	Effective October 1, 2000 CLAIMS AS FILED - PART I								09718477						
I.				(Only and A)				SMAL	LENTIT	Y		OTHER THAN			
	TOTAL CLAIR	MS		(Column 1) (Column 2)				TYPE -			OR SMALL				
H	FOR		NUM	NUMBER FILED		MUMBER EXTRA				EE		RATE			
	TOTAL CHARGEABLE CLAIMS			21 minus 20m		•		BASIC	7=	.00	OR	BASIC FE	710.00		
Ŀ	NDEPENDENT	CLAIMS	13	c C aunim	•		1	X\$ 9.		_	OR	X\$18=	90.4		
ļ	MULTIPLE DEP	ENDENT CLAIN	PRESENT	RESENT				X40-	4_	_	OR	X80=			
•	f the difference in column 1 is less than zero, enter "O" in column 2							+135	<u>. </u>	k	OR	+270=			
				MENDED - PART II			0 0	TOTAL		J	OR.	TOTAL			
	1	2	SMALI	L ENTIT	Y (A	OTHER	THAN ENTITY							
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADD TION	AL		RATE	ADDI- TIONAL FEE		
	Total Independent	25		- 29		-	lΓ	X\$ 9=		7	a l	X\$18=	ree		
	FIRST PRES	ENTATION OF I	Minus WUI TIPI E O	EDENDENT	3	-	П	X40-		7		X80=			
			JOETH CE D	·	COLM			+135=		7	``	*			
							L	TOTAL	-		۳.	+270=			
		(Column 1)	11-26-	(Columi	121	(Column 3)	AD	DIT. FEE		Jo	RA	DIT. PEE	<u> </u>		
AMENDMENT B		CLAIMS REMAINING		RIGHE:	31		ר ו		ADDI-	7	_				
	Total	AFTER AMENDMENT		PREVIOU PAID FO	SLY	PRESENT EXTRA	L	RATE	TIONAL			RATE	ADDI- TIONAL FEE		
	Independent	25	Minus		25	•	F	(\$ 9=		OF	, [,	C\$18=	- FEE		
		NTATION OF M	Minus	SEMPENT OF	3	-	-	(40=		OR	┢	X80=			
				CHUENT	LAUM		T.	135=		1	F				
							_	TOTAL		OR	L	270= TOTAL			
(Column 1) D3-07-05 ADDIT. FEE												DIT. FEE			
		REMAINING		HUMBER					4884	•	_				
I.		AFTER AMENDMENT		PREVIOUS	LY	PRESENT EXTRA	R	ATE T	ADDI- IONAL		۱.	RATE	ADDI- TIONAL		
	Total	_	Minus	· 25	_		-		FEE		Ľ		FEE		
L	ndependent	. 3	Minus	3	1	-	LX:	9=		OR	X	\$18a			
Ľ	IRST PRESEN	ITATION OF MU	LTIPLE DEF	ENDENT CL	AJM		X	10=		OR	×	80-			
و ال	he esser in cohum	O Lie lete Des e					+1:	35=		OR	+2	70=			
H I	he Hichael Mon	has Deviced to	OF THE STATE OF	SUACE IS 1827	than 2	10. enter "20."		FEE		OR ,	1001	TOTAL T. FEE			
		er Previously Paid	110mg (F	ाजकासायकार) ह	one hi	grest number to	und in	he appro	priate box	in con	umn	1.	.		
P	10-475					<u>_</u> _							- 1		